



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

GABRIEL JASSO PH.D

**Respondent Name**

WC SOLUTIONS

**MFDR Tracking Number**

M4-17-1755-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

FEBRUARY 7, 2017

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134."

**Amount in Dispute:** \$212.46

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "This is not a time unit code; as a result, the requestor is entitled to and has been reimbursed for one unit of CPT Code 90791. In addition, code 90791, may be reported more than once for the patient when separate diagnostic evaluations are conducted with the patient and other informants. A review of the submitted report does not support a separate diagnostic evaluation with anyone else other than the claimant to support billing the 2 units of code 90791...CPT Code 96101...is a timed code and there is no documentation of time spent of the Psychological Evaluation dated 05/16/2016."

**Response Submitted by:** Starr Comprehensive Solutions, Inc.

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 16, 2016	CPT Code 90791 (X2) Psychiatric Diagnostic Evaluation	\$205.35	\$1.11
	CPT Code 96101 (X8) Psychological Testing	\$1,001.04	\$0.00
TOTAL		\$1,206.36	\$1.11

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.

3. The services in dispute were reduced / denied by the respondent with the following reason code:
- 151-Payment adjusted because the payer deems the information submitted does not support this many services.
  - Documentation submitted supports only 1 unit of code 90791 as this is not a timed code.
  - 151-Documentation does not support number of units billed for code 96101. Billing for Psychological testing must be based on timed units with documentation of actual time spent performing the testing.

### **Issues**

1. Is the requestor entitled to additional reimbursement for CPT code 90791 (X2)?
2. Does the documentation support eight (8) hours of testing, code 96101?

### **Findings**

1. 28 Texas Administrative Code §134.203(a)(5) states “Medicare payment policies” when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.”

28 Texas Administrative Code §134.203 (b)(1) states, “For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”

CPT code 90791 is defined as “Psychiatric diagnostic evaluation.”

The respondent states “This is not a time unit code; as a result, the requestor is entitled to and has been reimbursed for one unit of CPT Code 90791. In addition, code 90791, may be reported more than once for the patient when separate diagnostic evaluations are conducted with the patient and other informants. A review of the submitted report does not support a separate diagnostic evaluation with anyone else other than the claimant to support billing the 2 units of code 90791.”

A review of the submitted billing and medical records finds that the requestor billed for two units of code 90791. Based on the code descriptor and the submitted report the respondent's position is supported and one unit of code 90791 is recommended for reimbursement.

Per 28 Texas Administrative Code §134.203(c)(1)(2), “To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.

(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007.”

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

The 2016 DWC conversion factor for this service 56.82.

The Medicare Conversion Factor is 35.8043.

Review of Box 32 on the CMS-1500 the services were rendered in zip code 78504, which is located in McAllen, Texas; therefore the Medicare carrier locality is “Rest of Texas”.

The Medicare participating amount for code 90791 is \$130.08.

Using the above formula, the Division finds the MAR is \$206.43. The respondent paid \$205.32. As a result, additional reimbursement is recommended.

2. On the disputed date of service, the requestor also billed eight (8) units of CPT code 96101.

CPT code 96101 is defined as "Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report."

CPT code 96101 is a timed procedure; therefore, documentation of time spent performing the test is required. A review of the submitted report does not document a start or end time, or a time spent administering each test, or time interpreting the results or preparing the report. The division finds the requestor has not supported the eight hours billed; therefore, reimbursement is not recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$1.11.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$1.11 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

_____ Signature	_____ Medical Fee Dispute Resolution Officer	03/02/2017 _____ Date
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### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**